Application or Docket Number

| DATENT | ADDI ICA | TION FEE    | DETERMINA | ATION RECORD |
|--------|----------|-------------|-----------|--------------|
| PAICNI | APPLICA  | III JIN FEE | LICHMINI  | ALIUN BEGUND |

| Effective December 29, 1999   |   |   |  |   |                  |            |                        |                |                |                        |  |  |
|---|---|---|--|---|------------------|------------|------------------------|----------------|----------------|------------------------|--|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |  |   | SMALL TYPE       | ENTITY     | OR                     | OTHER<br>SMALL |                |                        |  |  |
| FOR N   |   | NUMBE                                     | R FILED                                | NUMBER                                      | EXTRA            | RATE       | FEE                    | [              | RATE           | FEE                    |  |  |
| BASIC FEE   |   |   |  |   |                  | 345.00     | OR                     |                | 690.00         |                        |  |  |
| TOTAL CLAIMS 4.5  |   |   | minus 20                               | = 3   | 24               | X\$ 9=     |                        | OR             | X\$18=         | 432                    |  |  |
| INDEPENDENT CLAIMS   minus 3 = 3  |   |   |  |   | X39=             |            | OR                     | X78=           | 234            |                        |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |  |   |                  |            |                        | 1 1            |                | 77                     |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |   |   |  |   |                  |            |                        | OR             | +260=          | 1021                   |  |  |
| .,  |   | AIMS AS A                                 |  | TOTAL                                       |                  | OR         | TOTAL                  | 1356           |                |                        |  |  |
|   | CL  | .Alivio AS A<br>(Column 1)                | MENDED .                               | (Column 2)                                  | (Column 3)       | SMALL      | ENTITY                 | OR             | OTHER<br>SMALL |                        |  |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE       | ADDI-<br>TIONAL<br>FEE |                | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |
| MON   | Total   | *   | Minus                                  | **  | =                | X\$ 9=     |                        | OR             | X\$18=         |                        |  |  |
| AME   | Independent   | *   | Minus                                  | ***   | =                | X39=       |                        | OR             | X78=           |                        |  |  |
| _   | FIRST PRESE   | NTATION OF MU                             | JLTIPLE DEPE                           | NDENT CLAIM                                 |                  | +130=      |                        | OR             | +260=          |                        |  |  |
|   | •   |   |  |   |                  | TOTAL      |                        | اما            | TOTAL          |                        |  |  |
|   |   | (Column 1)                                |  | (Column 2)                                  | (Column 3)       | ADDIT. FEE | <u> </u>               | J • · · ·      | ADDIT. FEE     |                        |  |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE       | ADDI-<br>TIONAL<br>FEE |                | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |
| NDM   | Total   | * .                                       | Minus                                  | **  | =                | X\$ 9=     |                        | OR             | X\$18=         |                        |  |  |
| AME   |   | *   | Minus                                  | ***   | =                | X39=       |                        | OR             | X78=           |                        |  |  |
|   | FIRST PRESEN  | NIATION OF MU                             | JLTIPLE DEPE                           | NDENT CLAIV                                 |                  | +130=      |                        | OR             | +260=          |                        |  |  |
|   |   |   |  | TOTAL<br>ADDIT. FEE                         |                  | OR         | TOTAL<br>ADDIT. FEE    |                |                |                        |  |  |
|   | THATTEN IN THE NUMBER OF THE  | (Column 1)                                | 1 - 18 - 18 - 18 - 18 - 18 - 18 - 18 - | (Column 2)                                  | (Column 3)       |            |                        |                |                |                        |  |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RATE       | ADDI-<br>TIONAL<br>FEE |                | RATE           | ADDI-<br>TIONAL<br>FEE |  |  |
| NDN   | Total   | *   | Minus                                  | **  | =                | X\$ 9=     |                        | OR             | X\$18=         |                        |  |  |
| 4ME   | Independent   | *   | Minus                                  | ***   | =                | X39=       |                        | OR             | X78=           |                        |  |  |
| `   | FIRST PRESEN  | NTATION OF MU                             | JLTIPLE DEPE                           | NDENT CLAIM                                 |                  | .100       | <del></del>            |                | +260=          |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |  |   |                  |            |                        |                |                |                        |  |  |
| ** 1  | ** If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |  |   |                  |            |                        |                |                |                        |  |  |